

AFFIDAVIT AND INDEMNITY BOND

STATE OF NORTH CAROLINA

COUNTY OF WAKE

_____ and _____ and _____
(Name of Company/Individual) (Federal Identification Number) (Phone Number)

_____, (individual or company officer) being first duly sworn, deposes and says that warrant(s) numbered _____ for \$ _____ dollars, dated _____ allegedly issued by North Carolina Department of Health and Human Services, Division of _____ an agency of the State of North Carolina and drawn on the State Treasurer, and allegedly made payable to the order of the affiant

_____ has/have not been received by this affiant,
_____ has/have been received by this affiant but has/have since been stolen or lost,
_____ has/have been received by this affiant, but has/have since been destroyed,
_____ has/have been examined the first endorsement and the first endorsement is not mine,

that I did not cash the warrant(s) and have never benefited in any manner from said warrant(s); that this affiant seeks to have the State of North Carolina replace said warrant(s) and, In consideration of the issuance of the replacement warrant(s) by the State of North Carolina, I, the undersigned, am held and firmly bound unto the State of North Carolina in the sum of \$ _____ (an amount equal to the sum of the warrant(s) involved herein), to be paid to the State of North Carolina, to the payment whereof, well and truly to be made, I bind myself and each of my heirs, executors and administrators, firmly by these presents, so that if I, my heirs, executors or administrators, shall at all times save harmless and keep indemnified the State of North Carolina against any claim, demand, loss or expense of any character, and against all loss and damages whatever that shall or may result at any time to the State of North Carolina, or any agency thereof, arising out of and by reason of the issuance to the undersigned of the duplicate warrant(s) in replacement of the warrant(s) herein above described, then this obligation to be void and of no effect, otherwise to be and remain in full force and effect.

WITNESS my hand and seal, this the _____ day of _____, 20_____.

Payee Tax ID Number (SEAL)
Affiant

Subscribed and sworn to before me this the _____ day of _____, 20_____.

Notary Public

My commission expires: _____

***Please complete & sign in the presence of a notary.*